

NEVADA GAMING COMMISSION  
ANNUAL LICENSE FEE REPORT  
for the issuance or renewal of a

**MANUFACTURER OF EQUIPMENT ASSOCIATED  
WITH INTERACTIVE GAMING LICENSE**

Period Covered: \_\_\_\_\_

Filing Deadline: \_\_\_\_\_

Account No., Name, Address, Zip Code

Account No.:		Check	
Legal Name:		Number	
Trade Name:		Batch	
Address:		Number	
City, State, Zip:		Entry	
		Date	
Please correct if in error			

**Instructions**

- A. This form is for the use of MANUFACTURERS of EQUIPMENT ASSOCIATED with INTERACTIVE GAMING only (NRS 463.760).
- B. All licenses shall be issued for a 1-year period that begins on the date the license is issued. The fees charged and collected under the provisions of NRS 463.760 shall be those fees fixed as an annual license fee for a manufacturer of equipment associated with interactive gaming.
- C. For the issuance or renewal of a manufacturer of equipment associated with interactive gaming the Nevada Gaming Commission shall charge and collect from each applicant the following:  
Initial license -- \$50,000  
Renewal license -- \$25,000

If you have any questions, please contact the State Gaming Control Board, Tax and License Division.

Line 1.	Application for the issuance or renewal of a manufacturer of equipment associated with interactive gaming: Initial license for a 1-year period (\$50,000) Renewal license for a 1-year period (\$25,000)	\$ _____
Line 2.	Penalty for late payment NRS 463.270 (5): Enter number of days late: _____ A. Less than 10 days late: \$1,000.00 B. Ten or more days late: \$5,000.00	_____ _____ _____
Line 3.	<b>TOTAL AMOUNT DUE</b> [Total of lines 1 and 2A or 2B]	\$ _____

Please make remittance payable to: NEVADA GAMING COMMISSION

Return to the State Gaming Control Board, PO Box 8004, Carson City, NV 89702-8004.

Pursuant to NRS 353.1467, payments made to the State, in the aggregate, that amount to \$10,000 or more must be sent electronically.

I, \_\_\_\_\_ certify and declare under the penalties of perjury that I am the  
\_\_\_\_\_ of the business named above; that this is a true, correct and complete report  
(Owner, Partner, President, Treasurer, Other-describe)  
to the best of my knowledge, information, and belief; and that this application and report is made with the knowledge and consent of all other individuals licensed.

Dated \_\_\_\_\_ Signed \_\_\_\_\_

Person to contact regarding this report: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS**